

PRICE PROPOSAL FORM
Asset Management: Physical Site Inspection Services

OFFEROR NAME: _____

Inspection Type	<u>COLUMN A</u>	<u>COLUMN B</u>	<u>COLUMN C</u>
	Price per Inspection*	<i>DO NOT CHANGE</i> Estimated Number of Inspections per Year**	Evaluated Price <u>Column A: Price per Inspections</u> Multiplied by <u>Column B: Estimated Number of Inspections</u>
Complete Routine Inspection Per RFP Section 4.2 A.1.a	\$ _____	150	\$ _____
Abbreviated Routine Inspection Per RFP Section 4.2.A.1.b	\$ _____	25	\$ _____
Capital Needs Assessment Per RFP Section 4.2.A.1.c	\$ _____	10	\$ _____
		Total Evaluated Price Per Year (Sum of Column C)	\$ _____
		Multiplied by 5 Equals	
		Total Evaluated Price for Five Years	\$ _____

* Per Inspection Price must include all travel, clerical and incidental expenses.

** Estimated volumes are provided for the purposes of comparing proposals only and are not intended to be a guarantee of work effort.

Name of Offeror: _____ By: _____

Address: _____ Typed Name: _____

_____ Title: _____

Contact Name _____ Title: _____

Email: _____ Telephone: _____

FID/ FEIN#: _____ Date: _____

Maryland MBE Certification No. (if applicable): _____/Maryland SBR Certification No. (if applicable) _____